



JOHNSON COUTY SHERIFF'S OFFICE

1091 Hospital Road – Post Office Box 609 – Franklin, Indiana 46131

EMERGENCY 911
Non-Emergency (317) 736-5155

Administrative (317) 736-9155
Fax (317) 736-2200

Doug Cox
Johnson County Sheriff

Randy Werden
Chief Deputy

Employment Information

The basic eligibility requirements are:

1. Must be a United States Citizen
2. Must be at least 21 years old
3. Vision Requirements: Correctable to 20/50
4. Must possess a valid driver's license
5. Must be willing to reside in Johnson County, Indiana
6. Must be a graduate of an accredited High School or GED

If the applicant is fortunate enough to move on to Phase Two testing, he/she should be prepared for the following:

- a. Written examination
- b. 1.5 mile run in 16 minutes and 28 seconds
- c. 300 meter run in 71 seconds
- d. 25 push-ups
- e. 29 sit ups in one minute
- f. 16" vertical jump

The application will require the following:

1. Copy of your birth certificate
2. High School & college transcripts
3. Military DD214 (if applicable)
4. Photograph: 2.5" x 2.5" head and shoulders
5. Waiver to release information (Required for all applicants)
6. Waiver of liability (Required for Merit and Reserve Deputy applicants)
7. Physicians release

Appointment Procedures for New Deputies

A preliminary investigation shall be done by the Sheriff's Office at the direction of Sheriff Doug Cox. The Johnson County Sheriff's Office Merit Board will review the applications and the results of the preliminary investigation, having the right to make eliminations from the applications at that time. The Sheriff, with the approval of the Merit Board, shall devise and administer examinations designed to test applicants for the required that will assist them in determining the applicant's skills in communication and judgment according to Indiana Code 36-8-10-10(b). The Merit Board may direct the Sheriff to complete a

more thorough investigation on any applications remaining. The Merit Board may conduct personal interviews with applicants. The Merit Board and Sheriff Doug Cox shall jointly prepare a list of those applicants who meet the prerequisites of the Board and the Sheriff according to Indiana Code 36-8-10-10(b). From this list, the Sheriff shall then appoint a deputy. The deputy, as a county police officer, will remain on probation for a period of one year, according to Indiana Code 36-8-10-10(b). Remaining applicants on the list will be maintained on an active eligibility list as determined by the Merit Board.

Nondiscrimination Policy

No applicant or employee shall be discriminated against, or favored with respect to his/her hire, tenure, terms, conditions, or privileges of employment because of his/her race, color, sex, religion, national origin or ancestry. Each applicant and employee will be limited by his/her own abilities and qualifications, and the department will endeavor to select, hire, and maintain in its employ only the best-qualified persons available for any particular position.

POSITION APPLYING FOR
(check one position per application)

NAME _____
LAST FIRST MIDDLE

PERMANENT ADDRESS _____
 _____ STREET or RURAL ROUTE _____ APT. NO. _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE (HOME) - () (CELL) - ()

**The Johnson County Sheriff's Office
is an equal opportunity employer
and does not discriminate on the basis of race,
color, religion, sex, national origin, age, disability,
or genetic information.**

BASIC ELIGIBILITY REQUIREMENTS

- **Must be at least 21 years of age.**
- **Must possess a valid driver's license.**
- **Eye sight must be correctable to 20/50**
- **Must be a graduate of an accredited High School or GED**

INSTRUCTIONS

- 1. This application must be filled out by the applicant. The application must be printed in black ink or typed.**
- 2. Answer all questions, if question does not apply please state: N/A, None or Does not Apply.**
- 3. Applications will not be considered unless complete. Incomplete applications will not be retained.**
- 4. It is very important that your mailing address and telephone number(s) are correct and legible. In the event your address or telephone number changes after your application is submitted it is your responsibility to keep this office updated of those changes.**
- 5. Please do not make inquiries regarding the status of your application.**

REQUIRED INFORMATION

1. Date of Birth ____/____/____ Sex Male ☐ Female ☐ Race _____
(The above information is required for background check)
2. Name of High School(s) attended _____

Graduate ____ or GED ____ **Transcripts must be included with application.**
3. Name of Colleges/Universities attended _____

Transcripts must be included with application.
4. Have you ever served in the military? Yes ____ No ____ (Include any active duty training with the National Guard or Reserves.) Name of Military Branch(s) you have served in _____
5. Were you ever disciplined (court martial, article 15, Captain's Mast, etc.) while on active duty? Yes ____ No ____ **If yes, explain on separate sheet of paper.**
6. Are you a proprietor or part owner of any business or firm? ____ If yes, please describe the nature of the business. _____
7. Please list any licenses required for the above named business, i.e. liquor license. _____
8. Do you currently possess a valid automobile driver's license? ____
Expiration Date _____ License # _____ State _____

REQUIRED INFORMATION

List chronologically, most recent employment first, all past employment including part time employment. (Use additional sheets if necessary)

Name of Employer or Business _____
Address _____
City _____ State/Zip _____
Your Duties _____

Dates of Employment: From _____ to _____

Name of Employer or Business _____
Address _____
City _____ State/Zip _____
Your Duties _____

Dates of Employment: From _____ to _____

Name of Employer or Business _____
Address _____
City _____ State/Zip _____
Your Duties _____

Dates of Employment: From _____ to _____

Name of Employer or Business _____
Address _____
City _____ State/Zip _____
Your Duties _____

Dates of Employment: From _____ to _____

Name of Employer or Business _____
Address _____
City _____ State/Zip _____
Your Duties _____

Dates of Employment: From _____ to _____

Name of Employer or Business _____
Address _____
City _____ State/Zip _____
Your Duties _____

Dates of Employment: From _____ to _____

References (relatives cannot be used as a reference) 6 references are required

Name _____ Phone # _____
Street _____
City _____ State _____ Zip Code _____

Name _____ Phone # _____
Street _____
City _____ State _____ Zip Code _____

Name _____ Phone # _____
Street _____
City _____ State _____ Zip Code _____

Name _____ Phone # _____
Street _____
City _____ State _____ Zip Code _____

Name _____ Phone # _____
Street _____
City _____ State _____ Zip Code _____

Name _____ Phone # _____
Street _____
City _____ State _____ Zip Code _____

Have you ever been arrested for a criminal offense? _____ if yes, describe below.

Date	Location	Charge	Fine or Sentence
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever received a ticket for a traffic offense? _____ if yes, describe below.

Date	Location	Charge	Fine or Sentence
_____	_____	_____	_____
_____	_____	_____	_____

List vehicle accidents in which you have been involved as a driver.

Date	Location	What Happened
_____	_____	_____
_____	_____	_____

Attach additional sheets if necessary to include complete information

I SWEAR OR AFFIRM UNDER PENALTY OF PREJURY THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION AND THAT ALL INFORMATION CONTAINED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY GIVE MY FULL PERMISSION FOR ANY AND ALL INFORMATION IN THIS APPLICATION TO BE INVESTIGATED. I AM AWARE THAT ANY MISREPRESENTATION MAY CAUSE MY APPLICATION TO BE REJECTED OR MAY CAUSE DISMISSAL IF I AM HIRED BEFORE SUCH MISREPRESENTATION IS DISCOVERED.

SIGNATURE _____
DATE _____

COMPLETE APPLICATIONS WILL BE KEPT FOR ONE FULL YEAR FROM THE DATE THE APPLICATION WAS SIGNED BY THE APPLICANT AND WILL THEN BE DESTROYED.

SUBMIT TO:

**JOHNSON COUNTY SHERIFF'S OFFICE
1091 HOSPITAL ROAD
FRANKLIN, IN 46131**

Johnson County Sheriff's Office
Investigations Division
P.O. Box 609, Franklin, IN 46131

**Applicant's Request / Waiver
To Release Information**

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duly appointed Deputy Sheriff of the Johnson County Sheriff's Office.

I am aware that this information may be of personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges, which may attach to such communication or disclosure and release all persons, firms and corporations from all claims of any nature as a result of said communications or disclosure. Information to be disclosed:

- ❖ Medical Records
 - ❖ Mental Records
 - ❖ Financial Records
 - ❖ Past / Present Employment Records
 - ❖ Organizational Memberships
 - ❖ Criminal History Check
 - ❖ Educational Check
 - ❖ Any background material / information relevant to reputation and/or moral character
- ❖ These records will be retained on file at the Johnson County Sheriff's Office.

Signature of Applicant

Date

State of Indiana)
)
County of Johnson) SS:

Subscribed and sworn to before me, a notary public, in and for the County of _____
and the State of Indiana this _____ day of _____

My Commission Expires:

Notary Public

Printed

**JOHNSON COUNTY SHERIFF'S OFFICE
ESSENTIAL FUNCTION TEST
CONSENT FORM, WAIVER OF LIABILITY & PHYSICIAN'S RELEASE**

The undersigned applicant for a law enforcement position with the Johnson County Sheriff's Office and the County of Johnson (hereinafter collectively "County") hereby voluntarily authorizes the County staff and its agents and/or representatives to administer and conduct an Essential Function Test to measure my ability to perform the essential job functions and duties which are inherent to the law enforcement position to which I am applying.

**GENERAL DESCRIPTION OF THE ESSENTIAL FUNCTION TESTING
AND THE ASSOCIATED RISKS**

I understand that this testing includes the following tasks wearing the clothes of my choice, (workout clothing recommended):

1. **One and one-half (1 ½) mile run (16 minutes, 28 seconds)**
2. **Vertical jump (16")**
3. **One minute sit-ups (29)**
4. **Twenty-five (25) push-ups**
5. **Three hundred (300) meter run (71 seconds)**

Having reviewed the forgoing, I expressly acknowledge that I understand the following:

- ♦ That the above testing descriptions serve only as a summary of the tasks to be performed.
- ♦ That participating in this testing presents a risk and the danger of serious bodily injury or death, and there exists the possibility of certain changes in my bodily functions during this test, including, but not limited to: light headedness, breathlessness, chest discomfort, muscle cramps, joint strains or sprains, occasional irregular heartbeats, changes in blood pressure and in rare cases, stroke, heart attack or heart failure.
- ♦ That there exists the possibility of certain significant changes in my bodily functions occurring during this testing. In this regard, I understand that I may stop the testing at any time I choose.
- ♦ That the County and its staff are under no obligation to monitor my physical condition, however, in the event abnormalities appear obvious to the personnel observing the testing, my participation may be stopped immediately pending a medical assessment.
- ♦ That at the option of the County, I will not be permitted to participate in the testing if I present a systolic blood pressure greater than 150 mmHg or a diastolic blood pressure greater than 100 mmHg immediately preceding the evaluation.

CONSENT TO ESSENTIAL FUNCTION TESTING

By signing below, I expressly agree to the following:

- ◆ I have read the foregoing general description of the Essential Function Testing and the associated risks and I understand its contents.
- ◆ I further acknowledge that I have had the opportunity to have my personal physician review the components of the Essential Function Test to determine if I am capable of completing all parts of the testing and my physician's statement appears below.
- ◆ I expressly voluntarily authorize the County to administer the Essential Function Testing to me.
- ◆ I am voluntarily participating in this testing.

**WAIVER OF LIABILITY FOR INJURIES ASSOCIATED WITH
PARTICIPATION IN THE ESSENTIAL FUNCTION TESTING**

By signing below, I expressly agree to the following:

- ◆ Any questions that have occurred to me have been answered to my satisfaction.
- ◆ I hereby assume the risk of any bodily injury, discomfort or death resulting from my participation in this application and testing process and the Essential Function Test, and fully release and discharge the Johnson County Sheriff's Office and the County of Johnson, their elected and appointed officers and officials, or any other representatives acting on their behalf, for and against any and all claims, demands, actions, and/or causes of actions arising out of any bodily injury, discomfort or death incurred by me as a result of my participation in the County's Essential Function Test or the testing and application process, on behalf of myself, my heirs, personal representatives and assigns.

Applicant's Signature

Date

Printed Name of Applicant

Witness

Printed Name of Witness

PHYSICIAN'S STATEMENT

I am a licensed physician who has examined the applicant, _____
and reviewed the preceding guidelines of the Essential Functions Test and I know of no
reason that the applicant should not or could not participate in this test, which is
scheduled to be held in _____ (month) of 20____.

Physician's Signature

Date

Printed Name of Physician

Physician's Address